

08/18/00

JC685 U.S. PTO

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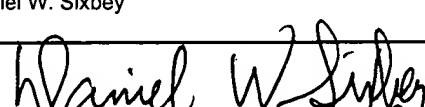
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UTILITY PATENT APPLICATION TRANSMITTAL <small>(Only for new nonprovisional applications under 37 CFR 1.53(b))</small>		Attorney Docket No. 0984-0204 First Inventor or Application Identifier Adrian Ravenscroft Title: REMOVABLE EMBOLUS BLOOD CLOT FILTER AND FILTER DELIVERY UNIT Express Mail Label No.	
APPLICATION ELEMENTS <small>See MPEP chapter 600 concerning utility patent application contents.</small>		ADDRESS TO: Assistant Commissioner for Patents Box Patent Application Washington, DC 20231	
1. <input checked="" type="checkbox"/> Fee Transmittal Form (e.g., PTO/SB/17) <small>(Submit an original, and a duplicate for fee processing)</small> 2. <input checked="" type="checkbox"/> Specification Total Pages [26] <small>(preferred arrangement set forth below)</small> - Descriptive title of the Invention - Cross References to Related Applications - Statement Regarding Fed sponsored R & D - Reference to Microfiche Appendix - Background of the Invention - Brief Summary of the Invention - Brief Description of the Drawings (if filed) - Detailed Description - Claim(s) - Abstract of the Disclosure 3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets [4] 4. <input checked="" type="checkbox"/> Oath or Declaration Total Pages [4] a. <input type="checkbox"/> Newly executed (original or copy) b. <input checked="" type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <small>(for continuation/divisional with Box 17 completed)</small> [Note Box 5 below] i. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b). 5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered to be part of the disclosure of the accompanying application and is hereby incorporated by reference therein.		6. <input type="checkbox"/> Microfiche Computer Program (Appendix) 7. Nucleotide and/or Amino Acid Sequence Submission <small>(if applicable, all necessary)</small> a. <input type="checkbox"/> Computer Readable Copy b. <input type="checkbox"/> Paper Copy (identical to computer copy) c. <input type="checkbox"/> Statement verifying identity of above copies ACCOMPANYING APPLICATION PARTS 8. <input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s)) 9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney <small>(when there is an assignee)</small> 10. <input type="checkbox"/> English Translation Document (if applicable) 11. <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Copies of IDS <small>(IDS)/PTO-1449 Citations</small> 12. <input checked="" type="checkbox"/> Preliminary Amendment 13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <small>(Should be specifically itemized)</small> 14. <input type="checkbox"/> *Small Entity <input type="checkbox"/> Statement filed in prior application, Statement(s) Status still proper and desired <small>(PTO/SB/09-12)</small> 15. <input type="checkbox"/> Certified Copy of Priority Document(s) <small>(if foreign priority is claimed)</small> 16. <input type="checkbox"/> Other: *A new statement is required to be entitled to pay small entity fees, except where one has been filed in a prior application and is being relied upon.	
17. If a CONTINUING APPLICATION , check appropriate box, and supply the requisite information below and in a preliminary amendment: <input type="checkbox"/> Continuation <input checked="" type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. <u>09/360,654</u> Prior application information: Examiner: _____ Group/Art Unit: _____			
18. CORRESPONDENCE ADDRESS			
<input checked="" type="checkbox"/> Customer Number or Bar Code Label Customer No. 22204 or <input type="checkbox"/> Correspondence address below <div style="text-align: center; margin-top: 5px;"><small>(Insert Customer No. or Attach bar code label here)</small></div>			
Name: Daniel W. Sixbey, Esq. Firm: NIXON PEABODY LLP Address: 8180 Greensboro Drive, Suite 800 City: McLean State: VA Zip Code: 22102 Country: U.S.A. Telephone (703) 790-9110 FAX (703) 883-0370			
Name (Print/Type) Daniel W. Sixbey Registration No. (Attorney Agent) 20,932			
Signature <u>Daniel W. Sixbey</u> Date: <u>8/7/2000</u>			

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

The PTO did not receive the following
listed item(s) Oath or Declaration

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FEE TRANSMITTAL		Complete If Known						
<p><i>Patent fees are subject to annual revision on October 1. These are the fees effective October 1, 1997. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.</i></p>		Application Number						
		Filing Date						
		First Named Inventor		Adrian Ravenscroft				
		Examiner Name						
		Group Art Unit						
TOTAL AMOUNT OF PAYMENT		\$345.00	Attorney Docket Number		0984-204			
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)						
<p>1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit Account No. 19-2380 Deposit Account Name: NIXON PEABODY LLP</p> <p><input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17 <input type="checkbox"/> Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance</p> <p>2. <input checked="" type="checkbox"/> Payment Enclosed: <input checked="" type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other</p>		3. ADDITIONAL FEES						
		Large Entity		Small Entity				
		Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description	Fee Paid	
		105	130	205	65	Surcharge-late filing fee or oath		
		127	50	227	25	Surcharge-late provisional filing fee or cover sheet		
		139	130	139	130	Non-English specification		
		147	2,520	147	2,520	For filing a request for reexamination		
		112	920*	112	920*	Requesting publication of SIR prior to Examiner action		
		113	1,840*	113	1,840*	Requesting publication of SIR after Examiner action		
		115	110	215	55	Ext for reply within first month		
		116	380	216	190	Ext for reply within second mth		
		117	870	217	435	Ext for reply within third mth		
		118	1,360	218	680	Ext for reply within fourth mth		
		128	1,850	228	925	Ext for reply within fifth month		
		119	300	219	150	Notice of Appeal		
		120	300	220	150	Filing brief in support of appeal		
		121	260	221	130	Request for Oral Hearing		
		138	1,510	138	1,510	Petition to institute public use proceeding		
		140	110	240	55	Petition to revive-unavoidable		
		141	1,210	241	605	Petition to revive-unintentional		
		142	1,210	242	605	Utility issue fee (or reissue)		
		143	430	243	215	Design issue fee		
		144	580	244	290	Plant issue fee		
		122	130	122	130	Petitions to the Commissioner		
		123	50	123	50	Petitions related to provisional applications		
		126	240	126	240	Submission of IDS		
		581	40	581	40	Recording each patent assignment per property (times number of properties)		
		146	760	246	380	Filing a submission after final rejection (37 CFR 1.129(a))		
		149	760	249	380	For each additional invention to be examined (37 CFR 1.129(b))		
						Other _____		
						Other _____		
SUBTOTAL (1)			\$345.00			SUBTOTAL (3)	-0-	
2. EXTRA CLAIM FEES								
<p>Total Claims 19 - 20** = 0 X _____ = -0-</p> <p>Independent Claims 2 - 3** = 0 X _____ = -0-</p> <p>Multiple Dependent Claims _____ = _____</p> <p>**or number previously paid, if greater. For Reissues, see below</p>								
<p>Large Entity Small Entity</p> <p>Fee Fee Fee Fee</p> <p>Code (\$) Code (\$) Code (\$) Code (\$)</p>								
<p>103 18 203 9</p> <p>102 78 202 39</p> <p>104 280 204 130</p> <p>109 78 209 39</p> <p>110 18 210 9</p>								
<p>Fee Description</p> <p>Claims in excess of 20</p> <p>Independent claims in excess of 3</p> <p>Multiple dependent claim</p> <p>**Reissue independent claims over original patent</p> <p>**Reissue claims in excess of 20 and over original patent</p>								
SUBTOTAL (2)		- 0 -						
SUBMITTED BY		Complete (if applicable)						
Typed or Printed Name		Daniel W. Sixbey				Reg. Number		20,932
Signature						Date		8/7/2000
						Deposit Account User ID		19-2380

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